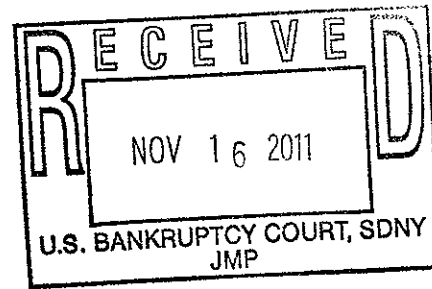


November 4, 2011

To the
Honorable James M. Peck
United States Bankruptcy Court
Southern District of New York
One Bowling Green, New York Courtroom 601
New York 10004



In re
Lehman Brothers Holdings Inc.
Two Hundred Fifteenth Omnibus Rejection to Disallow and Expunge Filed Proofs of
Claim

Court: United States Bankruptcy Court
Southern District of New York

Chapter 11 Case No: 08-13555 (JMP)

Creditor/Claimant: Santos Gradim, Joaquim Armindo
Rua do Parrinho, 365
3700-217 São João da Madeira, Portugal

Claim Number: 61429


Debtor: Lehman Brothers Holding Inc.
08-13555

Response to: Objection requesting Claim to be Disallowed & Expunged

Basis of the Claim: LEHMAN BROTHERS
PERPETUAL 5,75%
ISIN: XS0282978666
With a Nominal value of US\$ 108,707.44

Firstly, the amount of the claim is \$108,707.44 as stated in the proof of claim nº 61429 submitted and filed by be (please find enclosed a copy) and not \$708,707.44 as appeared in the process. There was a mistake in the reading.

Concerning the objection, I herewith oppose the disallowance and expungement on the ground that the Debtors have no liability for the claim. The purchase of the securities was legitimate and the claim was filed on time.
I ask the Bankruptcy Court of Southern District of New York to formally fully recognize my justified claim and put these on the formal list of Debtors.

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al 08-13555 (JMP) 0000061429 	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-jacket.com as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Joaquim Amendo Santos Gradiño Sador, INC Rua Parangaba, 365 3700-217 São João da Madeira 1 Belize Telephone number: 00351256828503 Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where payment should be sent (if different from above) BIC/Swift: BCOPTPL (Receiving Bank); 9290533 (Re: Correspondent Bank) Account nr: 45339851260, at BIC/Swift: BCO KY KX Telephone number: Email Address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates. Amount of Claim: \$ <u>708,707.44</u> (Required) <input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. International Securities Identification Number (ISIN): <u>X50282978666</u> (Required)			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: <u>6037893</u> (Required)			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: <u>93941</u> (Required)			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 150px;"> FILED / RECEIVED NOV 02 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC </div>	
Date:	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>Joaquim Amendo Santos Gradiño</u>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			